

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20350 7590 06/28/2004
TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
EIGHTH FLOOR
SAN FRANCISCO, CA 94111-3834

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Nina L. McNeill (Depositor's name)
 (Signature)
 September 27, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/970,314	10/02/2001	Idriss Mansouri-Ruiz	012553-007410US	3287

TITLE OF INVENTION: AUTOMATIC/MANUAL LONGITUDINAL POSITION TRANSLATOR AND ROTARY DRIVE SYSTEM FOR CATHETERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/28/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HAYES, MICHAEL J	3763	604-095010			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend
 and Crew LLP
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SCIMED Life Systems, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Melissa A. Haapala (Date) 9/27/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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10/01/2004 WASFAW2 00000036 201430 09970314

01 FC:1501
 02 FC:1504
 03 FC:8001

1330.00 DA
 300.00 DA
 9.00 DA

TRANSMIT THIS FORM WITH FEE(S)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1639

Complete if Known

Application Number 09/970,314
 Filing Date October 2, 2001
 First Named Inventor Idriss Mansouri-Ruiz
 Examiner Name Michael J. Hayes
 Art Unit 3763
 Attorney Docket No. 012553-007410US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

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☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	2001 385 Utility filing fee	
		1002	340	2002 170 Design filing fee	
		1003	530	2003 265 Plant filing fee	
		1004	770	2004 385 Reissue filing fee	
		1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	..*		
Independent Claims	..*		
Multiple Dependent	X		

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	2202 9 Claims in excess of 20
		1201	86	2201 43 Independent claims in excess of 3
		1203	290	2203 145 Multiple dependent claim, if not paid
		1204	86	2204 43 ** Reissue independent claims over original patent
		1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large	Entity	Small	Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55			Extension for reply within first month	
1252	420	2252	210			Extension for reply within second month	
1253	950	2253	475			Extension for reply within third month	
1254	1,480	2254	740			Extension for reply within fourth month	
1255	2,010	2255	1,005			Extension for reply within fifth month	
1401	330	2401	165			Notice of Appeal	
1402	330	2402	165			Filing a brief in support of an appeal	
1403	290	2403	145			Request for oral hearing	
1451	1,510	1451	1,510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1,330	2453	665			Petition to revive - unintentional	
1501	1,330	2501	665			Utility issue fee (or reissue)	1330
1502	480	2502	240			Design issue fee	
1503	640	2503	320			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Petitions related to provisional applications	
1806	180	1806	180			Submission of Information Disclosure Stmt	
8021	40	8021	40			Recording each patent assignment per property (times number of properties)	
1809	770	2809	385			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385			For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385			Request for Continued Examination (RCE)	
1802	900	1802	900			Request for expedited examination of a design application	
Other fee (specify)						Publication Fee	300
						Three (3) advance copies of patent	9

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)1639

SUBMITTED BY

Name (Print/Type)

Melissa A. Haapala

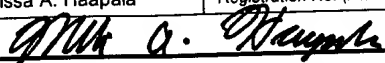
Registration No. (Attorney/Agent)

47,622

Telephone

303-571-4000

Signature



Date

September 27, 2004

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	09/970,314
	Filing Date	October 2, 2001
	First Named Inventor	Idriss Mansouri-Ruiz
	Art Unit	3763
	Examiner Name	Hayes, Michael J.
	Attorney Docket Number	012553-007410US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Issue Fee Transmittal Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	
	Melissa A. Haapala	Reg. No. 47,622
Signature	<i>Melissa A. Haapala</i>	
Date	September 27, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nina L. McNeill		
Signature	<i>Nina L. McNeill</i>	Date	September 27, 2004